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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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	Page
The National Memorial Committee	261
Protection for the Nurse	262
The Congress of The International Council of Nurses	267
Health, the Neglected Factor in World Economics. Regarding Tuberculosis	268
How to Make a Useful Probationer	271
Editorial—	
Canadian National Association of Trained Nurses' Convention	273
The Fifty-first Annual Meeting of the National Conference of Social Work	274
Letter to the Editor	278
The World's Pulse	279
Public Health Nursing Department—	
Survey of Pre-School and School Children for the Province of Ontario	282
The Saskatchewan Nursing Housekeeper	286
Pupil Nurses' Department—	
Follow-Up Work at the Alexandra Hospital for Communicable Diseases, Montreal	291
Canadian Army Medical Nursing Service Department	293
Hospitals and Nurses	294

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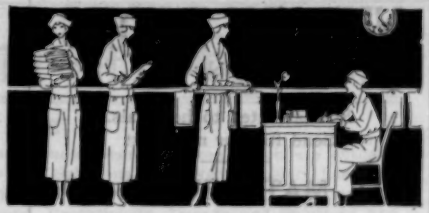

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THE
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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....**MISS HELEN RANDAL, R.N.**

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The National Memorial Committee

A meeting of the Committee was held in the Toronto General Hospital, April 8th, at 5 p.m. The Secretary presented correspondence from members of our Advisory Committee and also from Mr. Hill, of Montreal, one of the competitors who was successful in our preliminary competition. In this correspondence Mr. Hill protested against the time limit set for the preparation of the full-size model. As the result of the correspondence our Advisory Committee, in conference with the Board of Judges, advised us to extend the time and to allow until December 1st, 1924, for the preparation of the full-size model.

E. KATHLEEN RUSSELL,
Secretary.

Protection for the Nurse

By JENNIE FIDLAR, Editor of Publication for the Company.

As a safeguard against a penniless future for a man or woman, Life Insurance has more points in its favor than any other means of economy yet devised. Year by year this splendid financial system has been so improved that more people than ever before protect their dependents by this method.

Now-a-days, too, the effort is made to meet the special needs of the individual. To keep oneself independent when one is old—to provide oneself with money to live on is now possible for the person who must depend on self-made earnings. This is the fact of particular significance to a nurse, for by means of a Life Insurance Pension Policy she can remain independent in her later years.

The subject is already in the minds of nurses. A splendid article on "Annuities," written by Miss Edith Gaskell, chairman of the Insurance Committee of Ontario Private Duty Section, may be read in "The Canadian Nurse," and in her address before the Victorian Order in London, Ontario, on March 8th, 1924, Miss Smellie urged nurses to *insure* themselves.

The benefits of Life Insurance are not hard to understand, but, like all other technical subjects, it is freighted with a cargo of cumbersome phrases and words which convey only vague meanings unless one makes a special study of them. This fact acts as a barrier to many people who would otherwise insure themselves. With the belief that the spoken interest of a few may dictate the silent interest of many, a brief explanation of the Life Insurance Pension Policy for Nurses is offered here.

Suppose you decide that you want to be sure of enough money to live on when your active working days are about over, say at 55. All you have to do is to make out an application form, which you can obtain from any underwriter or agent who represents the company, or by writing direct to the head office and tell how much money you would like to receive to live on each month; the name of the person whom you would like to have receive it if you shouldn't happen to live until you need it yourself, and give some other information, such as your age and physical condition. The underwriter will assist you in filling in your form correctly, will send it to the head office of the company, and will tell you the name of the company's doctor in your locality to whom you should go. If the company is satisfied about the present state of your health and the probability of how long you will live, you will receive a legal paper called a policy.

This policy shows that you have agreed to deposit with the life insurance company every year, or twice or four times a year if it suits you better, a certain sum of money. In return the company agrees that, if you

die before you are 55 years of age, the person you have named will receive the amount of money you applied for. The total amount of money is called the face value of your policy; it is your life insurance, and will be many times greater than the amount you deposit each year. Even though you live long enough to make only one deposit, the full amount of your life insurance will be paid over to the person you have named—your beneficiary. Legally, everything a person leaves behind at death is known as the estate. Thus your life insurance money becomes part of your estate. If you should not name a beneficiary, it is best to make a will disposing of it, for in this way you can save your estate legal charges. The easier way is to name a beneficiary in your policy.

All this in case you die too soon.

You are going to live. So, when you are 55 years of age, you stop making deposits and receive your first pension money. This means that on the first of the month a cheque comes to you from the company. You can cash it at any bank in the world, and you will receive another one every month for the remainder of your life—even though you live to be 90 or 100! That's what life insurance pension policy will do,—it is being drawn from the principle the company has built up from your yearly deposits, and you are now enjoying the wealthy person's sensation of living on your estate!

Moreover, for ten years, from age 55 to 65, the amount of your monthly income cheque will be increased by excess interest money which has been earned for you by the company on your deposits.

Now suppose you should die between the ages of 55 and 65. There will still be some of your estate left to go to your beneficiary.

Again, suppose for some unforeseen reason you want to stop making deposits. The life insurance company gives you a choice of two privileges, technically called the "Cash Surrender Value" and "Extended Insurance." If you take the Cash Surrender Value of your policy you will receive a large percentage of what you have deposited, the amount deducted being only enough to reimburse the company for having insured and protected you up to this point.

The other privilege is this. If you have sent your deposit to the company for three years, and are unable to make another one for a few years, the company's agreement with you holds good just the same—to use a life insurance phrase, your policy remains in force for a certain number of years. The details in regard to the length of time are all stated in your policy under the term "Extended Insurance."

The greatest benefit of all is the one concerning the loss of your health. Suppose you become totally and permanently disabled due to some unexpected illness or accident and are unable to earn as usual. What will you do? How will you live and pay your bills and have any money left to deposit on your policy?

The answer of the life insurance company to these questions, which a nurse is not apt to think of until she is rendered helpless, is this:

If, while your life is insured under the policy described above, and after you have made one deposit at least to the company, you can furnish proof that you have become totally and permanently disabled and that you have been in this condition for three consecutive months, you will not be required to make any more yearly deposits. On the other hand, beginning on the first of the month after receiving proof that you are so disabled, the company will send you a monthly income cheque. If you live for the next 30 years and still continue to be totally disabled, you will receive the monthly income cheque—with excess interest earned added to it. In case you die, your policy will be worth just as much as though you hadn't been receiving an income all that time. If you should recover, you proceed to make deposits as before, but no money will be deducted from your life insurance policy because of the income paid you while you were disabled, and you do not have to pay any of it back.

This is technically known as the Total and Permanent Disability Benefit and is included in your policy for a small addition to your yearly deposit. This great benefit may not be granted to all nurses at the same rate of deposit, because the professional care of certain types of cases subject some to extra hazards. Life insurance companies pointed out the extra hazards in the occupation of the railroad engineer, for which he was obliged to make a greater deposit in order to be insured, and, as a consequence, the salaries for men so engaged were increased. This is an excellent argument for higher pay in those branches of her occupation that expose the nurse to greater risks.

Now we come to the point where we must consider the reasons why a nurse should consider her future. Because a nurse looks after others is no reason why she should not look out for herself as well. Sounds selfish? Perhaps, but can people help being so? Self-preservation demands it. To utterly and completely sacrifice oneself is rarely necessary or required, except in great emergencies, such as war, or in the effort to save the life of another in crises like fire, drowning or other accident. In the normal round of life, self-preservation to the best of one's ability is expected of every member of society, but there is no doubt we can and often do make a wrong and a right use of that instinct.

To "look out for oneself" usually means an ingrown form of selfishness, which, when indulged in, hurts oneself more than it does others. Yet at the same time we know that there is no quality quite so commendable, especially in a woman, as the proper exercise of the instinct of self-preservation which prompts her to look out for herself—to be truly thrifty.

Looking out for oneself may well be regarded as the exercise of an "enlightened selfishness," a form of self-interest which, when thoughtfully practised, helps others as well as oneself. A woman who provides for her

own maintenance and her own old age should never be stigmatised as selfish. She helps to reduce poverty, which is a distinct gain to the community. The nurse who has encountered this condition among her patients knows that in prevention lies the only cure for it.

The widening of woman's sphere to include business life has brought her this corresponding extension of responsibility. A man in business saves from what he earns in order that he may be able to leave an estate for the continued maintenance of his dependents—his wife and children. This is the thing that a single woman must do for herself, and her dependents, possibly a mother or a father or younger brother or sister, because no one else can do it for her.

It is safe to say that no class of women have so little time or energy for the study of investments as nurses, and moreover they do not as a whole regard themselves, nor are they regarded by the public, as business women. The hazards they encounter and the sacrifice of themselves they are continually called on to make lifts the value of their work to society beyond that which can be rendered by the woman engaged in purely commercial enterprises. The point of contact exists, however, in the fact that both the nurse and the business woman earns her own living, so that to look out for oneself becomes the duty of each. It is natural for every woman to hoard something. Saving is really an inherent instinct with her, but as a rule she seldom really learns *how* or *what* to save until too late in life to do her any good.

The best time for the nurse to establish the saving habit is early in her career, directly she has received her first cheque for her first private case after leaving hospital training. Then is the time to apply for a pension policy, for the younger she is the less she is required to deposit.

When people become interested in life insurance they mentally look out over the world and classify people as *insured* or *uninsured*. We know that the *insured* have many points of advantage over the uninsured, for they must be healthy to begin with, and thrifty all the time in order to keep her insurance alive; whereas the *uninsured* may be grouped as those who cannot obtain this protection because they have no health or no money, and those who have not yet realized its value or their own need for it.

As a general rule nurses come under the second class of the uninsured, for, though they are healthy and can be thrifty, they have not yet realized the value of thrift—in other words, their own need for life insurance. "I especially recommend life insurance for the woman who must earn her own living and who has little time for the study of the investment market," is the observation of a woman with a lifetime experience in business.

The yearly deposit all at once may look very large to the nurse on private duty. Her income is spasmodic,—she expects to be busy only about three-fourths of the year, and, when busy, counts on making about

$150 a month. But, as we have seen, *life insurance doesn't cost anything,* for money saved is by no means an expense. Roast beef, fresh uniforms and room rent all cost money, yet every nurse must have them to keep up her work. A Life Insurance Pension Policy is also a necessity, but costs nothing, for the money goes *only for the time being.* It always comes back—to you when you need it, or, if you don't live, to whomsoever you wish to benefit by it.

One experienced nurse gives as an average expense about $1,000 to cover living, clothing and general expenses, believing that a nurse can or should save $200 out of a yearly income of $1,200. If every nurse knew what $200 a year invested in a life insurance policy at an early age would amount to as a protection for her future, she would not hesitate to apply for a Life Insurance Pension Policy at the earliest possible moment.

DEPOSITS REQUIRED TO OBTAIN A LIFE INSURANCE PENSION AT 55 YEARS OF AGE

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23	2.61	31.25		38	6.12	73.40	
24	2.73	32.70		39	6.60	79.20	
25	2.86	34.30	1.10	40	7.15	85.80	1.65
26	3.00	35.95		41	7.78	93.35	
27	3.15	37.80		42	8.51	102.10	
28	3.32	39.75		43	9.36	112.30	
29	3.50	41.90		44	10.37	124.40	
30	3 69	44.25	1.25	45	11.58	138.95	1.90
31	3.90	46.75		46	13.07	156.80	
32	4.13	49.50		47	14.93	179.15	
33	4.38	52.55		48	17.33	207.85	
34	4.66	55.90		49	20.52	246.20	
				50	25.00	300.00	

NOTE.—For a pension of $50.00 a month, multiply the rates quoted above by 5 to obtain the amount of deposit necessary. Disability rates for all ages will be sent on request.

EDITOR'S NOTE.—The name of the company referred to may be obtained from the Editor, 125 Vancouver Block, Vancouver.

The Congress of The International Council of Nurses, Helsingfors, July, 1925.

While our thoughts are, so to speak, in the Convention mood, it has been suggested that we project them into 1925 and begin to ponder how many of us will begin "saving up" for the International Congress of Nurses, which will meet in picturesque Helsingfors in July, 1925.

Here are a few facts to help us crystallize our thoughts and intentions:

Finland—which, after more than a hundred years under the domination of Russia, is now a Republic—is called the "country of a thousand lakes." Helsingfors, its capital, is one of the most beautifully situated cities of Europe.

It is hoped that two thousand nurses from all parts of the world will meet at the Congress. A number of prominent nurses from different parts of Asia and Africa, as well as from the European countries and America, have already signified their intention of being present.

As to the method of arriving—from New York—or possibly also from Boston, if the demand warrants—early in July to Copenhagen. From Copenhagen by steamer to Helsingfors, 40-48 hours. If a sufficient attendance is promised, two steamers from Copenhagen will be arranged for, one of which will stop at Dantzig to take on board the nurses from Southern Europe.

The reduced fare from Copenhagen, one way, to Helsingfors will probably be twenty dollars, exclusive of meals. According to present rates, the trip from New York to Copenhagen will be arranged, all inclusive, for $130.00, with best accommodations.

The committee will plan schedules for trips to Paris, London, Italy, Switzerland, and the Scandinavian countries.

Here is a great and most delightful opportunity. "Overseas" nurses will like to renew old acquaintances, those who have not been "over" may combine agreeably pleasure with professional profit—and in so doing will probably be able to make a European trip more economically than ordinarily possible.

SIXTEENTH CENTURY PRAYER

"O Lord, support us all the day long of this troublous life, until the shadows lengthen and the evening comes, and the busy world is hushed, the fever of life is over, and our work done. Then, Lord, in Thy mercy grant us safe lodging, a holy rest and peace at the last, through Jesus Christ our Lord. Amen."

Health, the Neglected Factor in World Economics. Regarding Tuberculosis.

By Agnes Joynes

Everybody is awakening to the fact that tuberculosis is the terror of the world to-day. But it is only those who have studied it most deeply, —scientists who are giving their life to the work—who can comprehend its whole deadly meaning to the economic world.

Although it has been proven that the disease is both curable and preventable, its victims every year in our country, men, women and children, are counted in thousands.

And you know what happens every time a man or a women (the parent of children) dies?

A home is disorganized!

And for every home which has ever been disorganized, one of the props under a whole nation's social system has been weakened, if not totally destroyed.

With the number of props thus weakened, with the number of props thus destroyed every day in the year, every year in the calendar of existence, is it any wonder that the world continues to wobble both in foundation and in structure?

I do not care how much money the deceased parent may leave to provide for the family welfare, the children of the disorganized home are deprived of the moral support of the one who can best give it. The close companionship between parent and child, by which all the great, solid truths of time are kept alive, is gone.

Those truths may be learned in part by knocking up against the iron fist of the world in later life, but they will never have the same influence which they would have had if they had been learned at the parent's knee.

That which is lost to the child will be, to a great extent, lost to his future children, and so on throughout the ages. For every good parent who dies—and it is a mighty poor parent who is not good when compared with anything which we have to offer in his place—the world is forever and ever poorer for the loss.

If the parent die, leaving the family without means, as happens so often in case of the tuberculosis, besides the moral loss, the children must be overworked, must be underfed, until they are themselves an easy prey to disease and death. Many of them will become, in one way or another and for a time at least, public charges. Many of them will die in childhood or in premature age, as people are dying to-day.

And when that happens—when the child or the young unmarried individual dies—what does that mean? That the homes which they might have had, the posterity which could follow them upon earth, is lost to the world!

That, of course, is expressing it very weakly. But how can the true extent of the loss be expressed? The mind cannot compass the awful proportions of such a loss! The mathematician cannot estimate it! We can make only the weakest guess. The gifts which those lost ones would have presented to their respective countries in sciences, in inventions, in arts,—all lost forever! The ground which they would have tilled, the mines which they would have worked, all the industries which they would have carried on, the wealth they would have acquired, the revenue they would have supplied to the treasury of the world,—a total loss! A staggering, absolute loss—utterly beyond estimation!

Add to that the inability of the living (and otherwise normal) to do their best work because of the grief and anxiety connected with sickness and death—no mathematician has ever computed the hours lost to the world through that alone. Then remember that hundreds of thousands of homes are being disorganized through tuberculosis every year, that hundreds of thousands of young people are being deprived every year by death of ever making homes, and you will begin to understand the greatest cause of "hard times" that exists in the world to-day. If there never were a war, if there never were any other disaster, prosperity as we would have it could never come while this plague ravages the earth.

How much do we lose, financially alone, each year?—making no attempt to count the uncountable accumulation of all the years—but just each single year? Enough that if one-tenth of it were spent by governments upon the health of the people we could sweep tuberculosis from the earth!

My statement is proved by the results of the tuberculosis campaign which has been carried on during the last ten years. Even with all the handicaps which are left in the way, with as little financial backing as we receive from our governments, more is being saved for the country both in lives and in money than will ever be known.

We have learned that the tuberculosis horror which has been stalking the country for centuries is a phantom—a merest feather in the air of scientific knowledge put into practice.

But as yet we have merely begun. The truly interested are working against terrible odds. The sanitoria and hospitals of our country (the only places where proper care and education can be given) are so few in number! and they have not been adequately supplied with trained nurses because so many have thought, or their parents have thought for them, that there was grave danger to themselves in working in those places.

The nurse, who is one of the few philanthropists who have nothing but their lives to give, and who as a rule gives it unsparingly, has seldom in her history failed to face a danger which can do nothing more than quickly take her life. But she has failed to see how she can benefit her fellow man by jumping into a danger which in time might make of herself a public charge. Therefore, in her misunderstanding, she has kept rather away from those institutions. They have been obliged too often to do with such help as came their way. Even the Public Health nurses doing the work outside, like all general hospital nurses, have not been well trained along that particular line.

One man in Canada, however, has taken a course which will overcome that drawback in time. Doctor H. A. Farris, medical superintendent of the hospital for the tuberculosis in East St. John, N. B., has arranged an affiliation with the general hospitals of the Province, giving their nurses an intensive course in the care and prevention of tuberculosis. He teaches them at the same time the significant truth that those hospitals (because of the precautions which the patients are taught to take) are perhaps the only places on earth where tuberculosis is not contracted through contact.

Doctor Farris' interest in the public welfare is widely known, and he happily has the faculty of making people see from his point of view. His strong personality makes him a leader among men.

Busy as he is every minute of the day, he is never too busy to keep closely in touch with the affiliating nurses, going into minute details to explain to them just why each patient is under his care, and just what care he wishes them to have. He hopes, by sending out nurses who know something of the work, to make a great difference in the health of the Province in a few years. And seconded as he is by an equally interested Superintendent of Nurses, Miss Florence Coleman, his patients and the country at large cannot fail to reap the harvest of his work.

The little sharp vexations, and the briars that catch and fret,
Why not take all to the Helper, who has never failed us yet?
Tell Him about the heartaches, and tell Him the longings, too;
Tell Him the baffled purpose when we scarce know what to do.
Then leaving all our weakness with the One divinely strong,
Forget that we bore the burden, and carry away the song.

PHILLIPS BROOKS.

How to Make a Useful Probationer

MINNIE GOODNOW
Children's Hospital, Washington, D. C. Author of Outlines of Nursing History," "First Year Nursing," "Physics for Nurses."

A good and useful probationer can be made in a much shorter time than is generally supposed. You must have, of course, material of reasonably good quality; and you must mould this material by sane and sensible methods. Given these two fundamentals, results are not hard to get.

We may assume that the probationers have been accepted after reasonable inspection and investigation, and that they are young women who have some fairly well-founded desire to be nurses.

On the first day have a frank talk with them. Tell them that they will be watched much more closely than they think, and that their progress will depend largely on how they do the simple things entrusted to them at the beginning of their course. If they can be trusted with small things, they will be pushed rapidly. If they fail to perform the simple tasks well, they will have to do them over and over until they become proficient or are dismissed.

Their first lesson, to study and recite, should be in hospital ethics and etiquette. This should be given on their first day of residence. They should be taken over the hospital, should be given surgical dressings to make; they may be allowed to enter the wards to carry trays at meal time and to feed a few helpless patients. This makes them feel that they have really helped a little, and stimulates their desire for more.

On the second day begin lessons in the principles of bacteriology. Six or eight lessons, given during the first two weeks, will be enough to teach the important and underlying facts and something of their application. Explain to them in this first lesson why a servant's cleaning is drudgery, while a nurse's is a scientific procedure founded on bacteriology. Give them a demonstration of what motion study means as applied to ward cleaning. Show them, yourself, how to do a quick, thorough and scientific job of dusting a table or washing a bed. On the second day, therefore, they may do most of the cleaning required in the ward, serve some meals and make dressings—simple work, but all valuable so far as furthering the work in the ward is concerned. Do not permit your nurses to give them any other tasks.

On the third day, add bed-making to the list of their accomplishments, and see that they are allowed to make empty beds. Continue with bacteriology.

On the fourth day, demonstrate to them the changing of an occupied bed, and see that they are allowed to practice it on patients who are not very ill.

On the fifth day show them how to fill hot water bags and ice caps,

how to give a urinal, how to place and remove a bedpan, and how to empty and cleanse these articles. These things must be demonstrated, not merely told. It will take about one-half hour's time to explain them. They now have a list of nine or ten things which they can do properly and safely. They and their charge nurses will be content with these for a few days.

The second week's bacteriology should make the difference between sterile and unsterile articles quite clear to them, so that thy can be trusted not to handle the wrong implement, cloth or apparatus. Demonstrate the making of an ether bed, giving them the reasons for your method. Demonstrate sponge baths for cleanliness and for temperature. Five or six hours of your time during this week will give them a good start.

By this time the charge nurses are finding them useful, and the probationers are satisfied that they are being pushed. Slow down and let well enough alone. Insist always that probationers shall be asked to do nothing which *you* have not taught them.

During the third week they may be shown something of handling patients and permitted to put it into practice. They may be taught to diaper a baby, to wash diapers and baby shirts by the best methods. They may watch an ether patient, under supervision.

During the fourth week the probationers may be taught to take temperature, pulse and respiration and perhaps to give an enemata. Go slowly. It takes even brilliant people a definite length of time to adjust themselves to a new environment and to grow accustomed to new work.

Teach thoroughly and impressively the routine ward duties and rest there for a time. Never fail to furnish immediate opportunity to put new knowledge into practice. The best demonstration fails somewhat of its purpose if prompt practice is not afforded. In former years hospitals often asked probationers to perform duties in which they had not been scientifically instructed. The modern tendency is to give them too much theory in too short a time without permitting sufficient and proper opportunity for practice with patients. It is easily possible to find the golden mean between the two methods.

It is better to postpone enemata and douches until the pupils have been taught the anatomy of the parts involved. There is no real objection to taking these points up in an order varying from the routine of the anatomy classes. The giving of medicines is also better left until the students have at least begun materia medica and chemistry.

To summarize: The important points in training a good probationer are these:

Go slowly.

Explain each point thoroughly and demonstrate each new direction clearly.

Connect theory very closely with practice in the work on the wards.

—*The Trained Nurse and Hospital Review.*

Editorial

Canadian National Association of Trained Nurses' Convention, June 23rd to 26th, 1924, Hamilton, Ont.

Programme

MONDAY—

8.00 a.m. Registration.

9.00 a.m. Executive Committee Meeting.

10.30 a.m. Business Session.
Reading of Minutes.
President's Address.
Reports—
Hon. Secretary.
Executive Secretary.
Treasurer.
Standing Committees.
Programme.
Arrangements.
Membership.
Publication.
Nursing Education.
Appointment of Resolutions Committee.
Appointment of Scrutineers.

2.00 p.m. Report of "Canadian Nurse" Magazine.
Report of Special Committees.
Report of Representatives to—
N. C. of W., 1923.
C. C. C. W., 1923.
S. S. C. C., 1924.

8.00 p.m. Joint Session, C.N.A.T.N. and C.A.N.E.
Address: Miss Eldridge, Miss Mary Beard, Miss Reimann, Miss Dyke.

TUESDAY—

9-9.30 a.m. Registration of Delegates.

12.30 p.m. Public Health Session.
Address by Convenor of Sections.
Report of Committees on Programme.
Minutes of Last Annual Meeting.
Secretary's Report.
Correspondence.

Appointment of Committee on Resolutions.
Business arising from Minutes, Reports and Correspondence.
Report of Public Health Nursing Progress, 1922-24, including activities of the Public Health Section and synopsis of Provincial Reports.
"A Public Health Programme for the Pre-school Child," by Miss M. Beard, R.N., Director of Community Health Association, Boston, Mass.
Report of Committee on Publication—Miss M. Wilkinson.
Report of Committee on Education—Miss K. Cowan.
Election of Officers.
Unfinished Business.

2.00 p.m. New Business.
Discussion on Reports.
Address: "Red Cross Course on Home Nursing."
Unfinished Business.

8.00 p.m. Reception by Hamilton Nurses' Association.

WEDNESDAY—

9.00 a.m. Unfinished Business.
New Business.

9.30 a.m. Private Duty Section.

2.00 p.m. Report of Federative Associations.
Elections.
Appointment of Convenors of Committees, 1924-1926.
Report of Resolutions Committee.

The Fifty-first Annual Meeting of the National Conference of Social Work, Toronto, June 25th to July 2nd, 1924.

Canadians should be deeply interested in the coming of the National Conference because:

1. This is the first visit of the National Conference to Canada since 1897—27 years. It affords Canadian social workers an opportunity to hear addresses and discussions which may not be theirs again for some considerable time.

2. The Conference will give consideration to questions in which Canadians are deeply interested, as the Programme Committee is giving special attention to Canadian social conditions.

3. There will be discussions and addresses by outstanding speakers on Immigration, Child Welfare, Rural Conditions, Public Health, Feeble-mindedness, Delinquency, Industrial Conditions, and many other prob-

iems confronting workers in rural districts, towns and cities, both large and small.

4. There will be special sessions in which Canadians will consider Canadian social needs. Every part of our country should be represented.

5. There will be inspiration and encouragement for all interested in social conditions and work in the addresses and discussions of the conference. You will be sure to find help for your own special problems.

6. For many years Canadian social workers have enjoyed the hospitality and inspiration of the National Conference. In view, however, of the growth of our country, and the increasing complexity of Canadian social problems, the question has been raised if Canada should not have a similar conference of its own. When this is discussed in the Canadian sessions in Toronto, the judgment of social workers from all parts of Canada should be secured.

For further information, copies of the Bulletin, copies of the programme for the special Canadian Conference, information about accommodation, etc., write to the Secretary at the Conference office, 410 Ryrie Building, Toronto.

The Conference will be divided into the following sections:—

(1) Children.
(2) Delinquence and Correction.
(3) Health.
(4) The Family.
(5) Industrial and Economic Problems.
(6) Neighborhood and Community Life.
(7) Mental Hygiene.
(8) Organization of Social Forces.
(9) Public Officials and Administration.
(10) The Immigrant.

The following sessions should be of special interest to Canadian groups:—

SUGGESTED PROGRAMME FOR CANADIAN CONFERENCE

THURSDAY, JUNE 26TH—

Survey of Recent Developments in Social Work in Canada.

(a) Child Welfare.
(b) Health.
(c) Social Effects of Liquor Laws.
(d) Social Aspects of the Administration of Justice.
(e) Recent Developments in Social Legislation.

(f) Family Welfare.
(g) Community Organization.
(h) Social Treatment of the Mental Defective.

N.B.—This is only a survey. For Treatment of the Problems see Programme of the General Meeting.

FRIDAY, JUNE 27TH—

(1) Social Consequences of Immigration.
(2) Social Statistics.
(3) The Training of Social Workers.

"WHY DO WE DO IT?"

ANNUS TERTIUS

Why do we do it? No one can tell.
Every day we declare it's—well,
We'll let that rest. It's over and done,
And I wish to Heaven 'twas only begun.

Dear little room with the bleak green walls
(That have faded into bilious hue!)
For three brief years the gong's brass calls
Have hurled me from dreams to gaze on you.

Three years! It seemed like a lifetime then.
There were nights when I thought I'd rather die
Than wake to another dawn—Amen,
It is done, and I sit here and cry.

Long white wards,—floors gleaming bright,
'Neath the rows of beds that would not stay neat;
And the nurses, trim in their blue-and-white,
That forever sped on hurrying feet.

It was always hurry—but always fun.
You laughed as you passed, and the biggest load
Was lightened by a jest oft-flung
That cleared the obstacles from your road.

No one can say that we didn't work.
Early and late there was much to do,
But you never thought of trying to shirk;
You could do a turn for a good pal, too.

Lectures and supper at six o'clock,
Back to the ward,—no patients "done!"
A bit of a grouch? But you never stop;
You step it till the race is run.

There were things I don't like to think about;
When the sterilizer over-ran,
Or the steam-table flooded the pantry out
Into the ward when the clinic was on.

And sleeping "on call." You fairly flew,
You scrubbed and stood with your arms in the air,
Till the surgeon arrived in an hour or two
And seemed mildly surprised to find you there.

The Class! You have grown to be part of me.
This is the life that tests one's worth.
You've proved in the last three years to be
Of the stuff that's called "the salt of the earth."

And the Superintendent! The kids would say
"She'll put the fear of God in your heart."
As for me—I wasn't particular then
How soon my path from hers might part.

But I've changed my mind about her since.
She's always "The Superintendent"—yet
Whenever I see her, my one thought is
"You're the finest woman I ever met."

"Could I be a Queen with a throne of gold,
And all the fuss that goes with it, too,
I'd leave the throne for some lesser soul,
I'd put on my cap, and I'd be like *you*."

Why do we do it? No one can tell.
Every day we declare it's—well,
We'll let that rest. It's over and done,
Ye gods! I wish 'twas only begun.

Come, take that task of yours which you have been hesitating before, and shirking, and walking around, and on this very day lift it up and do it.—PHILLIPS BROOKS.

Would'st thou know thyself, observe the actions of others. Would'st thou other men know, look thou within thine own heart.—SCHILLER.

Regard not how full hands you bring to God, but how pure.

Letter to The Editor

Dear Madam,—After perusing a copy of your magazine with great interest, I cannot resist the temptation of jotting down my deductions, which confirm a sort of general idea of mine, that:

Nurse gives unstintingly, frequently with self-sacrifice, the best, most vigorous years of her life towards helping suffering humanity. The nurse's profession is undoubtedly the noblest, most unselfish calling adopted by women. She must be naturally endowed with unlimited patience, and some mysterious power of delicate tactfulness, for sick people are very often unreasonable and thoughtless, which is to be expected, of course, from disordered nature: then, nurse simply takes the reins and kindly but firmly steers the wrecked system back to normal, sometimes under very trying circumstances.

Having been a patient in a Western sanitarium for over a year (with a throat affection), I have had ample opportunity of observing the many resourceful little ways at her command, and invariably return to the same line of thought, namely:

Nurse spends the best years of her life in caring for other people; then, after her term of usefulness expires, *who takes care of nurse? I* suppose among the many pension systems there will undoubtedly be provision made for this unselfish, noble army of tireless workers, who take no time to think of themselves, lost in the one big idea—Duty to Humanity.

I have often heard this subject discussed among public-spirited people, and would like to know, through your columns, the exact situation of the nurse in her advanced years.

A Western Canadian Reader.

Some have much and some have more,
Some are rich and some are poor.
Some have little, and some have less,
Some have not a cent to bless
Their empty pockets, yet possess
True riches in true happiness.

John Oxenham.

But now, O Lord, Thou art our Father; we are the clay, and Thou our Potter; and we all are the work of Thy hand.—Isaiah 64:8.

The World's Pulse

By Elizabeth Robinson Scovil

Benefit of Vaccination

There was not a case of smallpox in the British Army last year. There were 2,486 cases in England and Wales during the same time. Every recruit entering the Army must be vaccinated or re-vaccinated on enlistment. Statistics prove that when vaccination is neglected the ravages of smallpox increase.

Canadian Radio Heard in New Zealand

The programme of the Canadian National Railways, broadcast from Calgary, on February 27th, was heard at Motenwa, New Zealand. The girdle round the world is being drawn closer and closer.

Women to the Fore

British, American and Belgian women engineers will read papers on heavy oil engines, resistance welding and other subjects at the second International Conference of Women Engineers, to be held in Manchester.

South African Cotton

Cotton grown in South Africa has been manufactured for the first time. A specimen of very fine longcloth was presented to Queen Mary, made from this cotton.

New Container for Radium

A certain amount of radium is lost by leaking through the walls of the receptacle used to hold it. A new holder has been devised, made of pieces of platinum about an inch long. They are of the thickness of a knitting needle and the bore is so small that the opening cannot be seen. The radium salt is forced into the tube by a very small brush from a saucer-shaped vessel. Once the tube is filled, it will remain active for thousands of years.

The Smallest Book

Much interest has been excited in tiny books because of the lilliputian library made by famous writers for the Queen's doll house. These books are about one inch in height. The Corporation of London have in their library an almanac for 1842, beautifully engraved and printed, containing a portrait of Charles Dickens, the Princess Royal, and others. It measures ⅞ by ½ inch.

A Ship Taken 700 Miles Overland

A schooner built in Edmonton has been hauled by an eight-horse team 700 miles from the end of the railway to the shores of Reindeer Lake. It was built by the Hudson's Bay Company to sail on the northern lakes. The bush trail had to be cut and hacked for its passage.

Airplane Sleepers

Luxurious sleepers are being planned for use on the projected great eastern airway to link Berlin and Japan. In order that descents may be made at intermediate stations, passengers will leave by small air tenders at other than the regular stopping places.

Liberating Lepers

One hundred and eighty-six lepers are to be liberated from Robden Island and sent to their homes in various parts of South Africa. It is said they are non-infectious and not tubercular.

A Mechanical Soldier

Niels Aasen, a Norwegian, claims to have invented an automaton which can fire 2,000 rounds a minute and can be directed by wireless. The invention has been offered to the Danish government.

The Egg of a Dinosaur

A dinosaur egg, laid in the Gobi desert in Mongolia ten million years ago by a pre-historic, antediluvian bird was sold in New York for about $5,000. Twenty-five of them were gathered last July by an expedition sent out by the Natural History Museum.

Broadcasting Half Round the World

A band concert at the Savoy Hotel, London, was heard in Toronto and also in Assam, about 6,000 miles from England. A Mrs. Seekouk cabled to the Savoy Hotel from Connecticut that she had heard the concert perfectly and was 105 years old.

Carp Two Hundred Years Old

Four carp have recently been removed from a pond in Hampton Court Park to another location. They are 200 years old, and the largest weighs 24 pounds.

A Bride of 73

Madam Eloise Dupont, a Belgian widow of 73, is to marry a gentleman of 78. The bride is to be given away by her father, who is 103, and her sister, who is 76, will be bridesmaid.

An X-Ray Hero

Ernest Harnack, of the London Hospital, has lost both hands through exposure to the X-Rays. He was a pioneer in the work when the dangers were unknown. In co-operation with a London firm, he invented the lead glass screen which protects operators at the present day, but too late to save his own hands.

Tipperary

Harry James Williams, the author of "Tipperary," died recently. He was born in Birmingham, a cripple. He and a friend co-laborated in the song, which was rejected by many music publishers. When men of the British Expeditionary Force landed in Boulogne, in August, 1914, they marched up the hill singing "It's a long, long way to Tipperary," and it became famous. It has been translated into almost every Europeon language, even German, into Hindustani, Japanese and Chinese.

THE NEW HOME

By Arthur Wallace Peach

This latch I open I shall never turn
To shut the laughter of the world away;
Upon the hearth a friendly fire shall burn
If grief should come some still and shadowed day,

The wanderer shall eat and take his rest,
The lonely meet with welcoming and cheer,
That He who said the foxes had a nest
But He had none, may find His faithful here.

The windows shall invite the sunshine in,
And through them stars shall look at shadow-fall;
Through them we'll hear the cricket's violin
And listen when the summer thrushes call.

I pray that all who come and dwell with me
Shall solace find for failure and for tears,
And learn how trust and love toil joyously
To build with little hours the happy years!

Public Health Nursing Department

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Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

Nova Scotia—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N.B. **Quebec**—Miss Collard, Child Welfare Association, Montreal. **Ontario**—Miss B. Knox, Provincial Board of Health, Spadina House, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Marion Lindebaugh, Assiniboia, Saskatchewan. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

Survey of Pre-School and School Children for the Province of Ontario

Paper read before Canadian Tuberculosis Association, in conference at Ottawa, April 10th, 1924, by Edith Fenton, R.N.

That "fools rush in where angels fear to tread" seems very applicable to this paper. I have been asked to give a concise account of the nursing phase of the survey, but perhaps the following is more of a general resume of our whole plan of work. If in any way it seems to go beyond the province of a public health nurse, please understand it is only because it was impossible to disconnect any one phase from any other phase or from the work as a whole, and has been done with the approval of the physician in charge.

It will be remembered that the survey of pre-school and school children made in Dundas and the township of West Flamboro is part of a Dominion-wide movement held under the auspices of the Canadian Tuberculosis Association, with the assistance of the Canadian Red Cross Society, which

provided the larger part of the funds. The central committee, with headquarters at Ottawa, have under them a provincial committee for Ontario in Toronto, and this latter committee chose the town of Dundas and the surrounding country as the most suitable place to carry on the survey, partly on account of proximity to an up-to-date and well-staffed sanitarium and partly on account of the hearty co-operation of the Wentworth Medical Society, whose members volunteered to do the examining of the children.

Several months previous to the actual work of the survey the local committee completed the enrolment of physicians who volunteered their services, and several meetings were held in an attempt to standardize the work. During this time representatives of the local committee interviewed the governing boards of each school in Dundas and West Flamboro township in regard to the use of the school building; approval of the undertaking was given by the trustees of the High, Public and Separate Schools in the town of Dundas and of nine rural schools; the boards of two small rural schools refused permission. Several days before the appointed date of examination in each school an explanatory letter and permission slip was sent home with each child, and no child was examined without written consent of the parent. Parents were invited to be present at the examination, and a considerable number availed themselves of the opportunity.

With the beginning of the actual survey on September 9th, the plan of work was as follows:

MORNINGS, FIRST THREE DAYS OF WEEK—Children of group previously notified, now with consent slips signed and preliminary history recorded, were weighed and measured, examined by general physicians, and by eye, ear, nose and throat examiners.

AFTERNOONS OF SAME DAYS—Same group had temperature, pulse and respiration taken and intra-cutaneous tuberculin tests made.

FORTY-EIGHT HOURS LATER—Same group had intra-cutaneous tuberculin tests read, special chest examination and a general check up on whole examination.

Obviously general examinations and intra-cutaneous tuberculin tests could not be made during the last days of the week because of the impossibility of reading the results of the test and giving the final check, on Saturday and Sunday. This gave the nurses and clerical staff several mornings at the end of each week in which to clear up past work, keep records in order and prepare for the following week.

Height and weight measurements were made with child in stocking feet and in ordinary indoor clothes. Percentage computations were made, using Toronto average tables for 6 years of age and over, and Emmerson's tables for the pre-school group.

Temperatures were taken in the class-room between 2.30 and 4 p.m., and where over 99.4, repeated days or weeks later in order to offset possibility or rise in temperature, due to excitement or other minor cause on the first taking.

All intra-cutaneous tuberculin tests were made and read by two physicians from the Mountain Sanitarium, thus bringing about uniformity, and hence reliability.

Special chest examinations were made by experts on cases referred by general examiners as "suspicious," on known contacts, or those with suspicious family history, and also on numbers of children who were underweight, generally below par, or who had history of influenza, measles, whooping-cough, etc.

As previously stated, work was begun in Dundas with the larger schools, and every effort was made that there might be as little interference as possible with the ordinary school routine. Activities were confined to the children of one or two class-rooms at a time, and, except for the kindergarten, which was dismissed for a week that we might use their room, other classes continued their regular work. With the smaller rural schools, work was suspended for the time being, sheeting divided the room or rooms into small compartments and, with 5 to 10 doctors present, very little time was lost. In the rural communities many mothers brought their pre-school-age children to the school on appointed days in order that they also might receive the benefit of a thorough examination. In Dundas one week of afternoons was reserved for the pre-school group, a bright sunny basement room of the public school having been offered by the school principal for the purpose.

After completion of examinations in all schools as above, X-Ray work was begun. The portable machine of the Ontario Department of Health was set up in Dundas Public School and this work continued for a number of weeks. X-Ray of chest was routine on all children examined in survey, but, because of distance and difficulties of transportation, slightly less than 100 rural children, most of these specially selected, were included; 1,050 films were taken, and all ages from 6 months to 18 years were represented.

In all, about 1,400 children were examined, divisable into international age groupings as follows: 0-5 years, 117; 5-9 years, 609; 10-14 years, 552; 15-18 years, 114; total, 1392.

Sixty-five per cent. of the children were born of Canadian-born parents; 31 per cent. were of British-born parents, and 4 per cent. were of foreign-born parents. (Note—"British" meaning British Isles.)

Four hundred and six, or almost one-third of the total number, were rural children and apparently of average rural Ontario type.

Nine hundred and eighty-six, or slightly over two-thirds, were urban children with general type above the average. The town of Dundas seems to be particularly happily situated, with comfortable homes, very little poverty, and has school medical inspection for some years.

Just a word as to staff: 1. Medical.—In all some 35 Hamilton doctors gave 1 to 4 mornings a week. Physicians from the Mountain Sanitarium

gave much valuable service and time in special chest examinations and in giving intra-cutaneous tuberculin tests. The Ontario Department of Education loaned two doctors for different periods of time, and the Tuberculosis Diagnostician of the Ontario Department of Health did all the X-Ray work, and in many other ways gave invaluable assistance.

2. Nursing.—The local committee employed one full-time public health nurse, who was not connected with any other organization and was responsible entirely to said committee; other public health nurses were loaned by the Department of Health and Education, and the Dundas school nurse gave practically full time for a number of weeks. Some local nurses were also employed for a short time, several of these giving volunteer help.

3. Clerical work was done largely by the nursing staff, one full-time stenographer and two others for short periods.

This brings us to what was perhaps the most difficult and certainly the most prolonged part of our work—the gathering together of the many facts obtained into statistical form. Under the guidance of the chief statistician of the Provincial Department of Health, two public health nurses and one stenographer started this work early in November. Weeks grew into months, and at every turn there seemed to be more ahead than had already been done, but gradually a mass of dots and figures took more tangible form. Final statistics and summaries were made by chest specialists, with the assistance of the staff as mentioned. At this time, also, individual letters were dictated and typed to the parents of all the children examined. The reading of 1,050 X-Ray films and recording of findings of same took several months to complete, and was all done by chest specialists in time spared from their regular work.

Needless to say, experience has once again been proved the best teacher, and we as nurses, and perhaps even doctors, frankly admit our mistakes. Were we doing a like piece of work again, we would suggest the following:

(1) Instead of merely inviting, we would urge parents to be present at the examination of their children, in order that we might receive more accurate history of each case, that the mother would hear first-hand of her child's condition, and that reporting later by letter would be unnecessary, except perhaps in special cases.

(2) Might a change in order of examination be advisable? One doctor who gave considerable time and thought to the survey suggested that height and weight measurements, intra-cutaneous tuberculin tests, temperature, X-Ray, eye, ear, nose and throat examinations, etc., might all be recorded before a child was brought before a general physician or chest specialist—thus providing valuable aids in diagnosis.

(3) Further efforts to standardize findings. With about 40 physicians engaged in the work, a varied nomenclature was inevitable. For instance, tonsils were described in at least 15 different ways—diseased, unhealthy,

ragged, scarred, pitted, scattered, enlarged, large, *, **, ***, infected, injected, congested, cryptic, etc.—thus making any classification by non-medical persons well nigh impossible. It seemed to be as though the use of a form on which likely conditions were already printed and either checking or underlining system used by examiner, would help to overcome this difficulty, at least in the recording of findings on the general examinations.

We have told you something of our work and even our difficulties, but finally we want you to know our delights. The beauty of the Dundas Valley in autumn, the hospitality of its citizens, the active co-operation of organizations and individuals, and the general esprit de corps of those engaged in the work meant much for the success of the undertaking. To the Canadian Tuberculosis Association and the Red Cross Society the survey owes its inspiration; to the Department of Health, the Department of Education, the Mountain Sanitarium, and the Wentworth Medical Society, it owes the energy and power to carry on; to the trustees, principals and teachers of the schools visited, to the doctors, nurses and citizens of Dundas and West Flamboro, we all wish to express our gratitude for their whole-hearted assistance, unlimited patience and friendly good-will. We would like to mention especially the names of three doctors most responsible for the work and who untiringly devoted their energies and made life agreeable for us all—but being forbidden, we leave you to guess.

Within recent years much has been heard of the difficulty—in fact the impossibility—of obtaining reliable tuberculosis statistics for Canada, and we, as public health nurses, have appreciated our opportunity to help in this Dominion-wide effort to secure some measure of this problem, especially as it relates to the child life and therefore to the very heart of our nation. For the old Arabian proverb is just as true to-day as ever: "He that hath health hath hope, and he that hath hope hath everything!"

The Saskatchewan Nursing Housekeeper

The amendment to the Saskatchewan Registered Nurses' Act of February, 1920, provided for the bringing into being of a secondary nursing group with a definite course of training and with a legal status. It furthermore insured the proper training of this Nurse Attendant by delegating to the Registered Nurses' Association the arrangement of the course of instruction (within the subjects mentioned in the Act) and to the University the supervision of the students while in training. Provision was also made for the registration and for a certain measure of control of those who have completed the course.

The Nurse Attendant, or Nursing Housekeeper, is not a new person. There are in this Province, as in every other part of the country, numbers

of women engaged in nursing who are not fully qualified nurses. They are young women who entered for training in some organized hospital and were rejected, or for various reasons gave up their special training before its completion; there are the products of special hospitals and of private commercial hospitals who have spent varying periods of time and who have received a certain amount of instruction to meet the needs of the institution; many such naturally drifted into nursing in some district; and there is the wholly untrained woman (so commonly called the experienced or practical nurse).

The Registered Nursing Housekeeper is therefore an attendant with a definite training and working under definite control by whom it is hoped in time to replace by what we may call the "irregular" nurse, and so provide a more satisfactory nursing service.

What has so far been the success of the training? The first students were received into training in January, 1921; three groups of students have now completed the one-year course of training—thirty students in all—and fifteen others are now in training.

The only hospitals which may receive Nursing Housekeepe: into training are hospitals open to Government inspection and receiving Government aid, and those which do not conduct regular nursing classes—the hospitals available in this Province are, therefore, the smaller municipal and town hospitals and the Provincial Sanitarium for Tuberculosis patients. The course of instruction (as provided by the Act) shall cover the following subjects: Care of Obstetrical Patients, Care of Infants and Young Children, General Housekeeping, Elementary Nursing and Dietetics, and the Care of the Tuberculous Patient. The course of instruction indicates the type of cases which may be cared for by the Nursing Housekeeper. Her activities are not otherwise limited by the Act itself. She does not, however, receive any training which prepares her for the care of critically-ill patients; therefore such should not come within her province. You may say that she should not care for a mother at the time of her confinement—a time of such improtance to the mother and to the new-born child. A Nursing Housekeeper is taught (and in the smaller hospitals of the Province a very large proportion of the patients are obstetrical patients) the nursing care of such a patient, and it was especially to provide more adequate care for mothers in the rural districts at such a time that this course of training was instituted.

Some question whether the women whom we have trained are capable of going into a home and of taking charge of the household affairs. I would say that at least 90 per cent. of them are undoubtedly so qualified—practically all are farmers' daughters, used to working under difficulties. One or two of the younger students are perhaps qualified to work only under direction, but I am satisfied that 90 per cent. of the students we have trained are capable housekeepers. The majority of the students have been women over thirty years of age (30 per cent. of them), 35 per cent. have

been from twenty-one to twenty-five years of age, and only 35 per cent. from eighteen to twenty years. These women (the majority of them experienced housekeepers), having received one year of training in elementary nursing procedures—working during that year under close supervision of graduate nurses—can undoubtedly be of great service in the homes in time of illness.

With regard to registration and supervision—with one exception—all have fulfilled their requirements of registering and of sending full reports of the cases they have attended, giving the type of case and the fees collected. A number of the Nursing Housekeepers have been engaged in the smaller hospitals assisting with nursing and housekeeping. All of those engaged in nursing in the homes have settled in the smaller towns or right out in the country where no graduate nurses are available for service. The average earnings of these young women during the last six months have been only $28.00 per month (although in one case the average monthly earning was $51.30). Whether there was little sickness, whether the fee of $3.00 per day was beyond the means of the people, or whether (as in at least one foreign district where an "experienced" woman had been for some years) an irregular nurse, to use the term we used at the beginning of our discussion, is already firmly established in the district and getting all of the calls—no one can yet positively say. Both the worker and the one to be served must be considered. It will undoubtedly take time to establish these young women in districts where they are required, but whether their fee will prove beyond the means of the average person, and whether, in justice to the type of student, she should be encouraged to take this course if the financial obligation cannot be met, is a problem yet to be decided.

You ask for the "success" of this plan—I can only report as to progress, indicating some of the difficulties in the way. So far as the individual Nursing Housekeepers are concerned, each has proven an asset to the community, and the reports of her work have been in every way satisfactory. Whether problems of control will arise and whether sufficient machinery has been created to exercise the necessary control—thus to protect the public as well as the Nursing Profession—I am not prepared to state. Whether the introduction of the subsidiary nurse is the correct solution of the problem of providing adequate nursing service is questioned by some; that this plan alone is not a full solution of the problem is acknowledged by all. But that there is a type of service—involving nursing—which does not require a fully qualified nurse, and that it is desirable that those who are going to engage regularly (as a means of livelihood) in this type of service should be under supervision—and preferably that of a fully qualified nurse—is the belief of those who are interested in the working out of this plan.

No actual statistics are available to show the actual number of sick persons receiving skilled nursing service—or going without it. The only information available to indicate this is that of medical attendants at time

of birth. For the whole Province of Saskatchewan, in the year 1922 (the latest statistics available), 33 per cent. of the mothers were unattended by either physician or graduate nurse at the time of confinement. The study of the statistics in one Saskatchewan city showed that 71 per cent. of confinements took place in hospitals and 20 per cent. of the total number were attended in their homes by a physician, while 9 per cent. were unattended by physician or nurse. The rate for the other cities would doubtless be approximately the same. One might therefore deduce that, since the rate for the whole Province is 33 per cent., and for the average city only 9 per cent., fully 50 per cent. of the births outside the cities are unattended by physician or graduate nurse, and as we know that many people who receive medical attention when ill receive no skilled nursing care, we can form some idea of the need for more nursing service.

This plan for the training of the Nursing Housekeeper has been made possible of operation only through the generosity of the Provincial Red Cross Society and through the assistance of the University. The heartiest co-operation of both medical and nursing professions—as well as the support of a well-informed public—is needed that the plan may be a success. Everything possible is being done by the Red Cross, as well as by the Registered Nurses' Association, to place the plan fully before the whole public. It is still too new to speak of success, but we may at least say that progress so far has been entirely satisfactory, and that most excellent co-operation has been secured from doctors and nurses in districts in which the Nursing Housekeeper has been trained or has settled.

MABEL F. GRAY.

NEWS ITEMS

QUEBEC

Miss Lillian Ross, Graduate of the Montreal General Hospital, 1922, for the past two years on the staff of the Montreal Branch of the Victorian Order of Nurses for Canada, has been transferred to the Branch of the Order at Dundas, Ont.

Miss A. B. MacDonald, formerly with the Canadian Overseas Nursing Service and late of Camp Hill Hospital, Nova Scotia, has recently joined the V. O. N. staff of Montreal. Miss MacDonald was connected with the V. O. N. for two years before the war.

ONTARIO

The 1922-23 Public Health Nursing Class, University of Toronto, held a class re-union in Toronto recently. It was very gratifying to discover that of the forty-four graduates of 1923, forty-three are now doing public health nursing of some kind. They may be grouped as follows:

Toronto Department of Public Health: Misses Barnett, Burford, Cale, Mrs. Clissfold, Misses Coyle, Elliott, Fraser, McCrohan, Shackleton and Taylor.

Toronto Victorian Order of Nurses: Misses Glendenning, Dyer, Greenwood and Luxon.

Social Service Department, Toronto General Hospital: Misses Christie and Wright.

Organizing Home Nursing Classes under Red Cross Society: Miss Fry.

Provincial Board of Health, Toronto: Miss Douglas and Miss Murphy.

Victorian Order of Nurses in Ontario: Brockville, Miss Duffield; Cochrane, Miss Mullen; Huntsville, Miss Ririe; Napanee, Miss Gardner; Ottawa, Mrs. Aspinall; Woodstock, Misses Grieves and Shipman; Trenton, Miss Twiddy.

Other Ontario appointments: Orillia, Mrs. Haygarth; Oshawa, Misses MacMillan and Sutton; St. Catherines, Miss M. L. Wilson; St. Mary's, Miss Ecclestone.

Victorian Order of Nurses in other Provinces: Nova Scotia (Dartmouth), Miss Long; Quebec, Miss Sanders; Manitoba (Winnipeg), Misses Van Allen and Walker.

New Brunswick Department of Health: Misses Armstrong and Campbell.

Nova Scotia (Massachusetts-Halifax Health Commission): Miss Haszard.

Quebec (Montreal Child Welfare Association): Miss Sinclair.

Prince Edward Island (Red Cross Society): Miss M. G. Wilson.

In the United States: Brooklyn Visiting Nursing Association, Miss Proctor; Red Bank, New Jersey, Municipal Nurse, Miss Bloy.

The nurses connected with the Ontario Division of the Red Cross gave a small informal luncheon on Monday, April 7th, in honor of Miss McKenzie, who is leaving to assist in the organization of Home Nursing classes in Saskatchewan. Miss McKenzie, for the past three months, has been giving valuable service in the Home Nursing Department in Ontario.

Miss Jean MacKenzie, an organizer of Home Nursing classes of the Canadian Red Cross Society, has been transferred from the Ontario Division to the Saskatchewan Division. Miss MacKenzie was formerly with the School Hygiene Branch of the Saskatchewan Department of Education and, since the New Year, has been organizing Red Cross Home Nursing classes in Ontario. Her previous experience in Western Canada will be of great value in her new station.

The Red Cross Home Nursing plan is meeting with remarkable success. Although put into operation only at the beginning of the year, there were at the end of three months sixty-five classes in actual operation and sixty-six classes in prospect. Seventeen different organizations of women have co-operated in the formation of classes, and the response of graduate nurses to act as volunteer teachers has been most generous.

In British Columbia, Alberta, Saskatchewan, Ontario, New Brunswick and Prince Edward Island, the work is proceeding, and it is expected that the organization of classes soon will be extended to the other Provinces of Canada.

TOIL

What are we set on earth for? say to toil;
Nor to seek to leave thy tending of the vines,
For all the heart o' the day, till it declines,
And death's mild curfew shall from work assoil.
. . . So others shall
Take patience, labor, to their heart and hand,
From thy hand, and thy heart, and thy brave cheer,
And God's grace, fructify through thee to all.
The least flower, with a brimming cup, may stand,
And share its dew-drop with another near.

—ELIZABETH BARRETT BROWNING.

Pupil Nurses' Department

Follow-Up Work at the Alexandra Hospital for Communicable Diseases, Montreal

For several years Dr. H. B. Cushing, Attending Physician at the Alexandra Hospital for Communicable Diseases, Montreal, had felt the desirability of some follow-up work in connection with cases discharged from the hospital. On March 15th, 1922, a department was started, under the name of the Social Service Department, and having a fourfold purpose:

1. To investigate the physical and social condition of every patient for the good of the individual and in the interests of public health.

2. To interpret the hospital to the public.

3. To assist in fulfilljng its obligations to the public.

4. To effect a cordial spirit of co-operation between the hospital and the medical profession of the community.

The social worker visits the hospital wards once or twice each week and becomes personally acquainted with the children and also with their condition.

In order to co-operate as much as possible with the medical profession of the city, weekly reports on the patients' condition are sent to the doctor by whom each patient was recommended to the hospital.

During her visits to the wards the social worker is able to provide many of the children with books and toys from a cupboard kept filled by the generous donations of friends of the hospital. Her popularity thus established, she is a doubly welcome visitor to the home.

Each patient's home is visited once at least, this visit being made, if possible, within two weeks from the day of discharge. Inquiries are made concerning the general health of the child, but these are specially directed toward any possible complications or sequelae. If any such is found, advice is given regarding treatment, or if the condition appears serious, the patient is advised to return to the hospital for examination by the Medical Superintendent. If necessary, such a patient is re-admitted.

Children with any physical defect or with enlarged tonsils are advised to consult their family doctor with reference to the condition. If, as in many cases, there is no family doctor, the children are recommended to the various clinics of the general hospitals. The social worker furnishes all necessary information regarding the day and hour of any clinic at the nearest hospital.

Very often during a visit advice is asked concerning other members of the family, and in some cases the social worker is herself drawn into holding what resembles a clinic. One child after another is led before her, its defects pointed out, or symptoms discussed, and in many cases Lizzie or Johnny is also advised to visit the family doctor or the hospital clinic. In this way a little is done for the health of the community apart from the question of infectious diseases.

Unfortunately, in many of the homes visited, social problems are found to exist, and most of these cases require the co-operation of one or more of the social agencies. In homes where the physical condition of the child is not entirely satisfactory at the time of the first visit, or where there is a social problem to be worked on, further visits must be made.

By means of these visits a kindly feeling toward the hospital is fostered and through them much is done toward establishing a better understanding between the infectious hospital and the public in general.

STUDENT NURSE,
Hospital for Communicable Diseases, Montreal

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord, my God. This work I undertake
Alone in Thy great Name, and for Thy sake.
In ministering to suffering I would learn
The sympathy that in Thy heart did burn,
For those on life's weary way,
Unto diseases divers are prey,
Take, then, mine eyes, and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou my hands, that e'en their touch may prove
The gentleness and aptness born of love.
Bless Thou my feet, and while they softly tread
May faces smile on many a sufferer's bed.
Touch Thou my lips, guide Thou my tongue,
Give me a word in season for each;
Clothe me with patient strength all tasks to bear.
Crown me with hope and love, which know no fear,
And faith that coming face to face with death
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And through the lonely night watch by my side.
So shall I wake refreshed with strength to pray:
"Work in me, through me, with me, Lord, this day."

Canadian Army Medical Nursing Service Department

The regular meeting of the Military Nursing Sisters' Club was held at Shaughnessy Hospital on April 16th, at 8 p.m. After the business meeting the evening was spent at bridge and mah-jong. Refreshments were served after the games. Forty-five members were present.

It is planned to make the next meeting a picnic in Stanley Park on July 16.

Mrs. Rose and Miss Heaney were appointed to represent the Nursing Sisters at the unveiling of the Memorial in Victory Square on April 27th. Miss J. Matheson, matron of Shaughnessy Hospital, was one of the representatives from that institution at the unveiling.

The classes in First Aid and Home Nursing, which have been arranged by the Nursing Sisters' Club for the Girl Guides, have been largely attended. These have been held at the Shaughnessy Hospital.

Miss Sally Cameron of New York is in Calgary on her way to the Coast. Miss Shand has recently come up from San Francisco to join the staff of the Vancouver General Hospital.

EDMONTON, ALBERTA

The many friends of Miss Emily Miller will be pleased to learn of her marriage to Mr. Chas. E. McManus, January 30th, 1924. The doctors of the city gave a dance for her and made a presentation of a beautiful silver tea and coffee service. Miss Miller has been Night Superintendent at the Royal Alexandra Hospital. The graduating nurses gave the bride a cluny tablecloth, and the Overseas Nursing Sisters' Club six silver salt and pepper shakers. The last meeting of the O. N. S. Club was held at Mrs. McManus' home, Westminster Apartments.

Dare to be true; nothing can need a lie;
A fault which needs it most grows two thereby.—HERBERT.

Hospitals and Nurses

NEW BRUNSWICK

St. Stephen

Mrs. J. L. Healey recently entertained the graduating class, 1924, of the Chipman Memorial Hospital at a supper at her residence. The Alumnae of the C. M. H. has recently been formed and Miss Edna Rainnie elected President, with Miss S. A. Sharp as Secretary.

* * * *

QUEBEC

Women's Hospital, Montreal

Miss Lucy Robinson (1922) has accepted a position on the staff of the Shawenegan Falls General Hospital.

Miss T. E. Sleeth (1924) is on the staff of the Alexandra Hospital, Montreal.

The Alumnae Association held a small Sale of Work, April 15th, in the Nurses' Home in aid of the Fund for Sick Nurses.

Montreal General Hospital

Miss Margaret A. Gillespie is doing institutional work in Philadelphia.

Miss Jessman is engaged in Industrial Nursing at Valleyfield, P. Q.

Miss Nina Brown is school nurse at King's Hall, Compton, P. Q.

Miss Estey has accepted a position on the staff of the Lockport City Hospital, Lockport, N. Y.

The members extend sympathy to Miss Lillian Dickie, in the loss of her mother at River Charles, N. B.

Miss Edith Cowen has recovered from her serious attack of bronchial pneumonia.

Miss Louise Murphy, of Montreal, gave an interesting lecture on birds, illustrated by lantern slides, at the March meeting.

Miss Florence Doherty, who has been for some years in Boston engaged in private duty nursing, has spent the past winter taking a domestic science course there, and is now studying tea-room management in New York, with the intention of conducting one in the near future.

The first Instiute for Private Duty Nurses to be held in Montreal under the auspices of the School for Graduate Nurses, McGill University, takes place the week of May 5th.

* * * *

ONTARIO

Galt

The annual meeting of the Galt General Hospital A. A. was held February 18th, at the home of Mrs. A. Hawk. It was decided to erect a memorial tablet, to be placed in the corridor of the hospital, to the memory of Nursing Sister Ida M. Kealy, graduate of the Galt General Hospital, who died overseas during the first year of the war. It was also decided to give a Kealy scholarship for general proficiency, beginning with the Class of 1925. The meeting closed with the election of officers, Mrs. Wardlaw as President and Miss M. King as Secretary-Treasurer.

At the March meeting of the Alumnae Association, Miss R. E. Hamilton gave a talk on the opportunities of Public Health Nurses, and the benefit to the public by their work. Mrs. A. Hawk, President, gave a short talk on the nursing life of Miss Ida Kealy, graduate of the school, who died overseas. Refreshments closed a very pleasant evening's meeting.

Barrie

Miss Annie Train was elected President, and Miss Edith Northgraves, Secretary, of the Alumnae Association of the Royal Victoria Hospital. The dance given by this organization in February was a great success.

Port Arthur

The annual banquet of the Thunder Bay Graduate Nurses' Association was held April 3rd, at the Prince Arthur Hotel, when over forty-five nurses and friends were present. The President, Miss May Mills, being absent in New York taking a post-graduate course, Miss Sara McDougall presided in her place. Mayor J. W. Crooks, a guest of the association, gave a brief but appropriate address. A delightful musical programme closed the evening's entertainment.

London

Dr. Helen McMurchy, of Ottawa, Director of Child Welfare Work in Canada, will address the annual meeting of the Child Welfare Association, April 11th.

Miss Bertha Smith, Director of Child Welfare in London, addressed the students at Alma College, where a course in home nursing is required from each girl, and is under the direction of Mrs. Allison, graduate of Victoria Hospital. Films on "Mother-Craft" were shown and the girls gave a demonstration. The pupils of the domestic science department were in charge of the refreshments and were capable assistants in serving the guests.

Professor Fred London, of the Western Ontario University staff, gave a very interesting address on "The Colored Race" to the members of the Victoria Hospital A. A. at their April meeting. Mrs. Ayres was appointed delegate to the G.N.A.O. meeting to be held in Windsor. Plans were made for a card party and dance to be held at the Ontario Hospital, with Miss Ashplant as Convenor, assisted by Miss Graham and Mrs. L. Pritchett. Mrs. A. Joseph, Miss A. Malloch, Miss McDermitt, Miss Blanche Rowe and Miss Jacobs will attend the meeting.

In the circular that the Welfare Fund are distributing the following reference to the St. John Ambulance Brigade is made: "St. John Brigade, training and organizing volunteers in First Aid to the injured and ailing; a people's university in public health; an emergency corps always on guard."

* * * *

SASKATCHEWAN

Miss Jean MacKenzie (Royal Victoria Hospital, 1916) has returned to Saskatchewan as organizer of the Home Nursing classes under the Red Cross Society.

Sympathy is extended to Miss S. A. Campbell in her recent bereavement. Miss Campbell's mother was on a short visit to Miss Campbell, in the Saskatoon City Hospital, and died after a very short illness. Interment took place at the old home, Carman, Manitoba, on April 10th.

* * * *

ALBERTA

Miss Guernsey, Royal Victoria Hospital, Montreal, has been appointed Superintendent of Nurses at the Royal Alexandra Hospital, taking up her duties on March 15th, on the resignation of Miss Frances Macmillan (Royal Victoria Hospital, Montreal).

A new Isolation Hospital was opened March 4th, when the Ladies' Hospital Aid served tea. The building is now occupied.

BRITISH COLUMBIA

VANCOUVER

Mr. Savage, a member of the Bar in Vancouver, gave the address at the monthly meeting of the G. N. A. for April, on "Law in Relation to Health," contrasting the old Mosaic law with the present-day laws. The association decided to devote the sum of $120 to supplying equipment for the kindergarten at the Creche. Through the efforts of the association a trained worker had been appointed to open a kindergarten for these children. A Ways and Means Committee to look after the Creche was appointed, consisting of Mrs. E. D. Calhoun, Misses E. Breeze, McLeish and Walker. With a social hour the meeting adjourned. The invitation of Miss Elliston to meet in the future at the V. G. H. was accepted with much pleasure.

Miss Charlotte Black, R.N. (Vancouver General Hospital), until recently Superintendent of Nurses, General Hospital, Prince Rupert, B. C., has accepted the position of Instructor at the Good Samaritan Hospital, Los Angeles.

Miss M. Louise Stinson, R.N. (General Hospital, Port Arthur, Ont.), who has been Superintendent of the Nicola Valley General Hospital, Merritt, B. C., has resigned her position.

MY PRAYER

If there be some weaker one,
Give me strength to help him on;
If a blinder soul there be,
Let me guide him nearer Thee.
Make my mortal dream come true
With the work I fain would do;
Clothe with life the weak intent.
Let me be the thing I meant;
Let me find in Thy employ
Peace that dearer is than joy;
Out of self to love be led,
And to heaven acclimated,
Until all things sweet and good
Seem my nature's habitude.

—JOHN G. WHITTIER.

The heart that is soonest awake to the flowers, is always the first to be touched with the thorns.—MOORE.

Many are idly busy. Domitian was busy, but then it was in catching flies.—JEREMY TAYLOR.

A good speech is a good thing, but the verdict is the thing.—DANIEL O'CONNELL.

BIRTHS

Atkinson—On December 18th, 1923, at Port Rowan, Ont., to Mr. and Mrs. Atkinson (Netta Hames, Hospital for Sick Children, Toronto, 1917), a son.

Breckenridge—At the Montreal Maternity Hospital, January 31st, 1924, to Mr. and Mrs. Breckenridge (Florence Hodge, Montreal General Hospital), a daughter.

Brough—Recently, at 917—22nd Ave., W., Vancouver, to Mr. and Mrs. J. M. Brough (Nursing Sister E. J. Charles, Medicine Hat General Hospital), a daughter.

Chassels—On March 28th, 1924, at the Private Patient's Pavilion, Toronto General Hospital, to Dr. and Mrs. John Chassels (Beatrice Buchanan, Hospital for Sick Children, Toronto, 1917), a son.

Dunlop—On February 25th, 1924, to Mr. and Mrs. Robert Dunlop (Dorothy Birkett, Hospital for Sick Children, Toronto, 1918), a son, David Stevenson.

Roberts—At Wellesley Hospital, Toronto, on March 9th, 1924, to Mr. and Mrs. Fred Roberts (Florrie Stewart, Wellesley Hospital, 1919), a son.

Rowen—At the Montreal Maternity Hospital, January 19th, 1924, to Dr. and Mrs. Rowen (Joan Gunning, Montreal General Hospital), a daughter.

Smith—At Wetaskiwin, Alberta, on April 11th, 1924, to Mr. and Mrs. Harry G. Smith (Margaret G. Ramage, Winnipeg General Hospital, 1919), a son, George Alban.

Swancar—In January, 1924, to Mr. and Mrs. J. E. Swancar, 44 Coady Ave., Toronto (Mabel Bowen, Guelph General Hospital, 1919), a daughter, Dorothy.

MARRIAGES

Fraser-Burnell—At St. Andrew's Church, Vancouver, by the Rev. Dr. Henderson, on April 4th, 1924, Marie Beatrice Burnell (Royal Inland Hospital, Kamloops, B. C.), to Mr. George Fraser, of Kamloops, B. C.

Frost-Craddock—In Vancouver, B. C., March 22nd, 1924, Agnes Craddock (Grace Hospital, Toronto, and C.A.M.C.N.S.), to Mr. John Frost, of Terrace B. C.

McManus-Miller—On January 30th, 1924, Emily Miller (C.A.M.C.N.S.), at Edmonton, Alberta, to Mr. C. E. McManus, of Edmonton.

Moore-Upton—At the Baptist Parsonage, St. Stephen, N.B., Hazel W. Upton, of Sheffield, N. B. (Chipman Memorial Hospital, St. Stephens, N. B.), to Mr. Sidney L. Moore, of Calais, Maine.

Prindle-Wilson—On February 8th, 1924, Margaret Wilson (Grace Hospital, Toronto), daughter of Mr. and Mrs. J. Lockie Wilson, 582 Huron St., Toronto, to Mr. Winslow W. Prindle, Los Angeles, Calif.

Srigley-Gray—At Greenwood Presbyterian Church, Toronto, March 12th, 1924, by Rev. Mr. McLennan, Bertha Beatrice Gray, of Barrie, Ont., to Mr. Clarence Malhon Srigley, of Allandale.

DEATHS

Donald—At the Royal Jubilee Hospital, Victoria, B. C., March 24th, 1924, Thomasina (Ina) Forsyth Donald, R.N. (Royal Infirmary, Glasgow, Scotland). Funeral was in Victoria, Rev. Dr. Campbell officiating. Miss Donald was born in Bellshill, Scotland.

Shonyo—At Saskatoon, Saskatchewan, on February 25th, 1924, after a very short illness, Effie B. Shonyo (a graduate of St. Boniface Hospital, 1919).

WANTED

Night Supervisor for 40-bed hospital; starting salary $90 per month, including maintenance; Illinois location; excellent opportunity. No. 48, Aznoe s Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED

Graduate nurse, eligible for registration, for 100-bed hospital near New York City; excellent salary; unusual opportunity. No. 49, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED

General duty nurse for night work, mostly surgical; 40-bed Minnesota hospital; starting sa'ary $90 per month, including maintenance. No. 40, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED

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We shall do much in the years to come,
But what have we done to-day?
We shall give our gold in a princely sum,
But what did we give to-day?
We shall lift the heart and dry the tear,
We shall plant a hope in the place of fear,
We shall speak the words of love and cheer,
But what did we speak to-day?

We shall be so kind in the afterwhile,
But what have we been to-day?
We shall bring to each lonely life a smile,
But what have we brought to-day?
We shall give to truth a grander birth,
We shall feed the hungry souls of earth;
But this is the thing our heart must ask:
What have we done to-day?

Association of Registered Nurses for the Province of Quebec

The above Association offers two Scholarships of $400.00 each, one for the course given by the School for Graduate Nurses of McGill University, the other for a Post-Graduate Course for Nurses to be given at the University of Montreal (French) Sessions 1924-1925.

Applicants must be graduates of a School for Nurses in the Province of Quebec that meets the requirements of the Universities.

Applications should be sent to
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—IN—
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Apply to the Superintendent of Nurses, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

A DAY NURSE'S "IF"

(With Apologies to Rudyard Kipling)

If you can come on duty in the morning
And note at once the closeness of your ward
(Not waiting till the Sister points the fact out,
And feeling in your heart that she has scored);

If you can sweep and dust when Sister's absent
As thoroughly as though you knew her near,
And keep your eye on every single patient,
Not only on the one you know is queer;

If you can take the temperatures one morning
And manage not to break a single glass,
But chart without a smudge upon the paper
Instead of paying half-a-crown—alas!

If you can take reproof, and keep on smiling,
Though possibly the fault was not your own,
And think that after all 'tis part of training,
So what's the use of sitting down to moan;

If you can spot that little child who's restless,
And manage 'midst your work to find the cause,
Can hear that little Tommy's started coughing,
And realize those awful open doors;

If you can see a splint's not in position
When making beds, and straightway put it right,
Instead of thinking "Someone else can do it,
And therefore I will tuck it out of sight";

If you can coax a child to take his dinner
When others having tried admit defeat,
By taking extra care to make it tempting,
That spite of self he soon begins to eat;

If you can do all this, and more, you nurses,
And feel that after all you've much to learn,
You'll find that though the lane seems long and endless
You're bound in time to reach the final turn.

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EVEN in the case of contused wounds, a definite call is made on the leucocytes, for their help of inhibition, and in the much more dangerous situation of badly incised or lacerated wounds, very strenuous duty is placed upon these policemen—scavengers of the blood—a call and duty that demand instantaneous response.

Antiphlogistine helps Nature's reparative action and checks infection

It accomplishes the former through greatly increasing leucocytosis, thus tending to wall out infection by increasing the serous exudate and favoring the production of antibodies, upon which the healing of every wound *actually depends.*

Simultaneously, by endosmotic action, it is flushing the infected area with its non-irritant antiseptics of eucalyptus, boric acid and gaultheria.

Apply the Antiphlogistine like a poultice, *not* like an ointment. Heat a sufficient quantity, place it in the centre of a gauze square, cover the affected part completely with the Antiphlogistine, and bind snugly with a bandage.

Over 100,000 physicians use the *genuine* Antiphlogistine, because they know it may be depended upon to remove inflammation and congestion.

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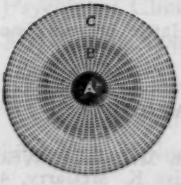

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

Antiphlogistine poultice after application. Center moist. Periphery virtually dry.

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Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

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Regular Meeting—First Monday in each month.

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